

Trade Name:

**Mailing Address:** 

## City of Lexington 2012 Short Term Rental Return

Commissioner of the Revenue PO Box 922, 300 E Washington St, Lexington, VA 24450 Phone: 540.462.3701

|--|

**Business Location:** 456 N WASHINGTON ST

Lexington, VA 24450

**Due Date:** 

4/20/2012

**Account Number:** 

10798

Taxpayer ID: **Business Phone No.:**  12-3454646

Fax No.:

(540) 123-4567

SALLY'S DINER

SALLY'S DINER 456 N WASHINGTON ST

Lexington, VA 24450

**EMail Address:** 

1/1/2012

Date Business Began: **Date Business Ended:** 

## Q1 2012 Filing Period

(Report due on or before the 20th day of the month following the end of the quarter)

1. Gross Receipts.		J .
2. Receipts exempt from	\$	
3. Short-term rental g	\$	
4. Tax Due: (1% of line 3)		\$
5. Penalties (late payment): (10 % of line 4)		\$
6. Interest on late payment: (10% per annum)		\$
7. TOTAL DUE:	(line 4 + line 5 + line 6)	\$
	Make All Checks Payable to TREASURER, CITY OF LEXINGTON	
DECLARATION:	I hereby swear or affirm that the amounts listed above are true, correct, and c knowledge and belief for the period stated above.	omplete to the best of my
Taxpayer Signature:	Date:	
Please Print Name:	Telephone No.:	···

INSTRUCTIONS:

Sign, date, and return this form along with check payable to Treasurer, City of Lexington on or before the 20th day of the month following the end of the quarter to the address below:

Commissioner of the Revenue, PO Box 922, 300 E Washington St, Lexington, VA 24450

For Official Use Do Not Detach

**Account Number:** 

10798

Trade Name:

SALLY'S DINER

SALLY'S DINER 456 N WASHINGTON ST Lexington, VA 24450